

11/6/00
9-10
layout

RPS#
315657

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P. 514295

A. 38113

ISSUE DATE 10-12-00

APPROVAL DATE 11/6/00

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL x ALTER

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Meadowood LOT NUMBER 32 ADDRESS 1381 Henryton Road

PROPERTY OWNER TODD BERRY
BCV Builders PROPERTY OWNER'S ADDRESS 13713 Lakeside Drive

SEPTIC TANK CAPACITY 1250 GALLONS Clarksville, MD 21029

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: From the intersection of the 420.56'/270.87' lot lines, place the distribution box 60 feet down the 270.87' lot line and 175 feet off the same lot line. Run trenches on contour in either direction. 10/12/00 SK (BB)

PLANS APPROVED Mark Rifkin DATE 6/12/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

BUILDING PERMIT SIGNED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

AND RETURNED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS 32603 B00140884 DEN ADDITION

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

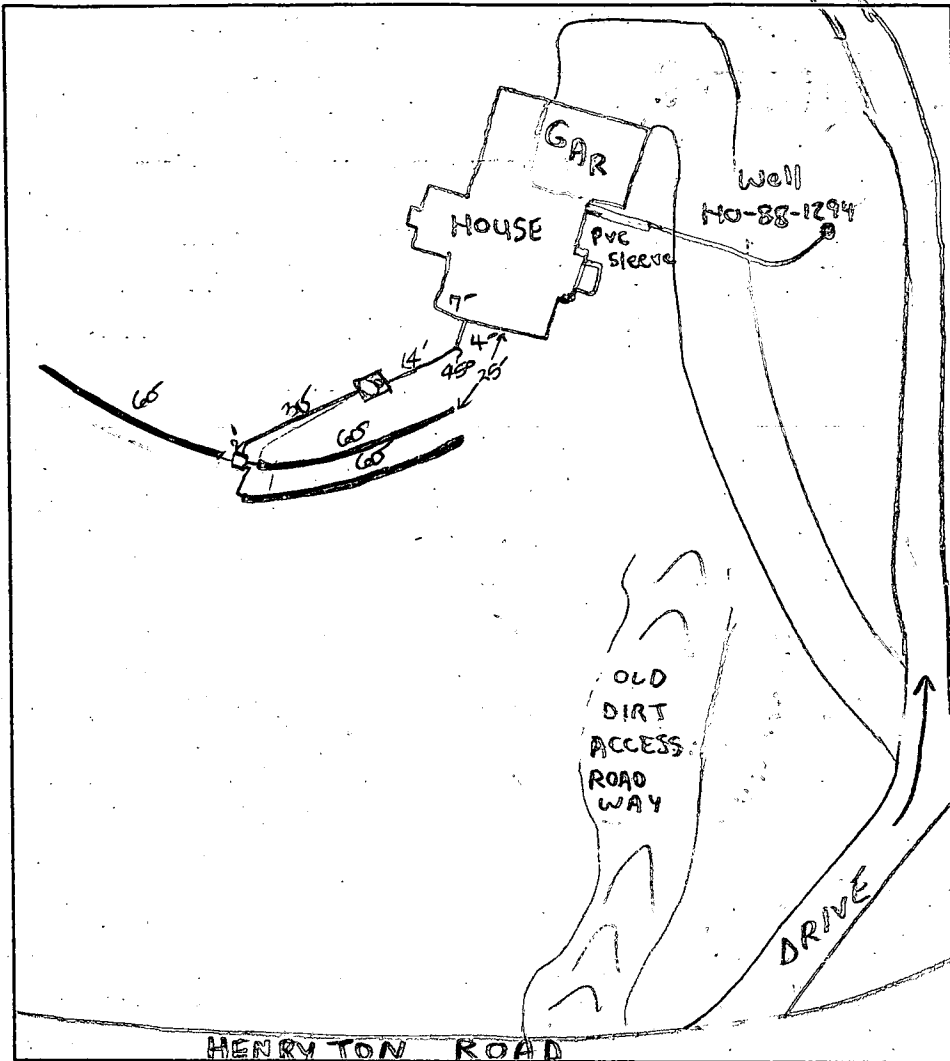
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514295

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 4
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 180
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: 11/6/00 layout confirmed - tone OK, SDA staked. DKC

INSPECTION COMMENTS: 11/6/00 12:00 OK to start trenches and continue work. DKC

11/6/00 Final Insp - OK to cover all work. DKC
PRINTED NAME OF CONTRACTOR AND RETURNED

INSPECTOR D. K. Caldwell DATE SYSTEM APPROVED 11/6/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: CLARKE P+H Inc Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Ken Clarke License# 3808

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: BGM Builders Telephone #: 301-854-0509
Subdivision: Menardwood Lot #: 32 Well Tag #: HO-88-1294
Site Address: 1381 Heneryton Rd

Submersible Pump Data
Make: JACUZZI
Model #: TZS451AB-52
Pump Capacity 5 GPM
Well Yield: 1 GPM

Pitless Adapter
Make: _____
Model #: P-7-800
Depth: 42 (36" min)
NSF approved: _____

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: NA

Piping to house
Type: Plastic
PSI: (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10" or more
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distributor box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ken Clarke date: 1-30-01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/19/00 Date Insp. Approved: 5/30/01 SRK
Inspection Data:
Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 6" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

1540 SEQUENCE NO. (DENV USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN GOLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A38113

ST/CO USE ONLY
 DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: 052397

Depth of Well
400 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-1299

OWNER: Miller last name, Robert first name
 STREET OR RD: Henson Rd TOWN: Sykesville
 SUBDIVISION: MEADOWWOOD SECTION: [] LOT: 32

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	1	
Red clay	1	4	
Br. m. ca	4	25	
Gray m. ca	25	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1300
 GALLONS OF WATER 65
 DEPTH OF GROUT SEAL (to nearest foot)
 from 4 ft. to 31 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 39

OTHER CASING (if used)
 diameter inch [] [] depth (feet) from [] to []

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)
 1 140 3 33 4 400
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert Miller

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework, if different from permittee)

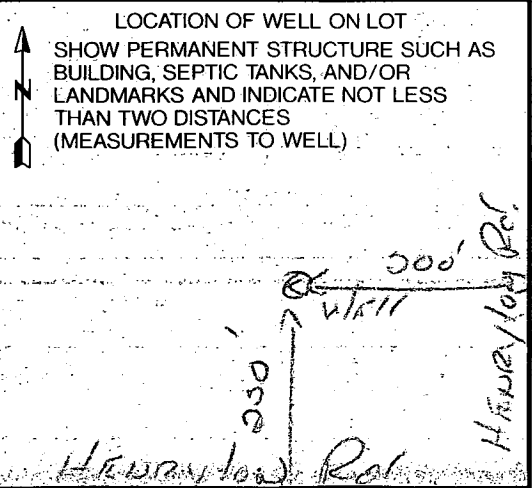
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 1
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15
 WHEN PUMPING 169
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot) 3
 below }



5-25-90
8:00

FRACED
Review OK BDT 6/18/90

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 - ~~1294~~ 1294 ✓
 Location of property (road) NEWRYTON Rd
 Subdivision MEADOWS Lot 32 Block Plat Sec.
 Well Driller L. FRANKLIN EASTERDAY Owner SPRING HILL ASSN.

Depth of well 400 1 GPM
 Distance of measuring point (M.P.) above ground 1/2 FT.
 Static water level (S.W.L.) below M.P. 15

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 169 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE / time to fill * gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	169	50 sec	390 FT.	1.20 GPM
9:45	169	50 sec	Flow Meter	1.20 GPM
10:00	169	50 sec		1.20 GPM
10:15	169	50 sec		1.20 GPM
10:30	169	50 sec		1.20 GPM
10:45	169	50 sec		1.20 GPM
11:00	169	50 sec		1.20 GPM
11:15	169	50 sec		1.20 GPM
11:30	169	50 sec		1.20 GPM
11:45	169	50 sec		1.20 GPM
12:00	169	50 sec		1.20 GPM
12:15	169	55 sec		1.09 GPM
12:30	169	55 sec		1.09 GPM
12:45	169	55 sec		1.09 GPM
1:00	169	55 sec		1.09 GPM
1:15	169	55 sec		1.09 GPM
1:30	169	55 sec		1.09 GPM
1:45	169	55 sec		1.09 GPM
2:00	169	55 sec		1.09 GPM
2:15	169	55 sec		1.09 GPM
2:30	169	55 sec		1.09 GPM
2:45	169	55 sec		1.09 GPM
3:00	169	55 sec		1.09 GPM
3:15	169	55 sec		1.09 GPM
HD-224 3:30	169	55 sec		1.09 GPM

B 1 **3607** SEQUENCE NO. (DP, USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-1294
 70 fill in this form completely 79

Date Received (APA) **032090** - OWNER INFORMATION
MILLER ROBERT
 15 Last Name 13 Owner First Name 34
9035 BALTIMORE NAT PK
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY 21
MEADOWWOOD SUBDIVISION 42
 SECTION 44 46 LOT **32** 48 50
SYR-SVILLE NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **6** MI 73 76 77 78

DRILLER INFORMATION
George F. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd. Mt. Airy, Md. 23771
 Address
George F. Easterday 3/7/90
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **HEMPHILL RD** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH EAST
 WEST SOUTH
 DISTANCE FROM ROAD **300** FT or MI 34 37
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A38113 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **042090** Mark E. Rifkin 10/20/90
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **546000** EAST GRID **0820000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

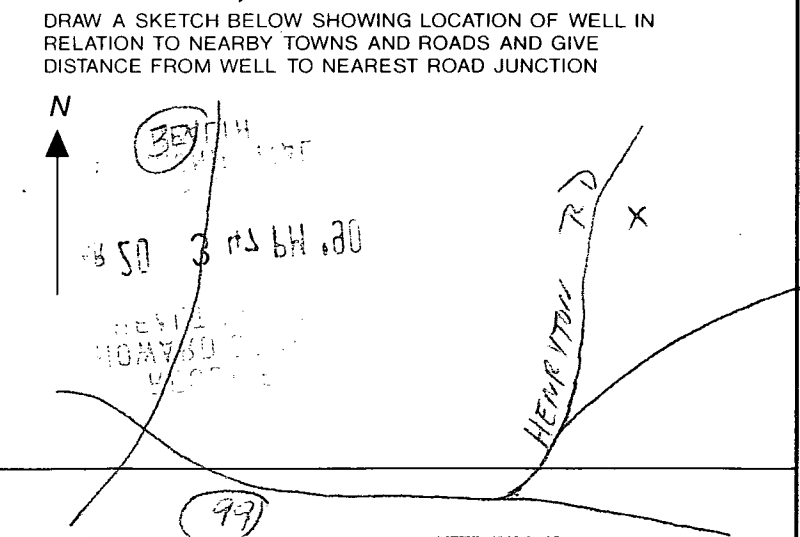
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTARY Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well X
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



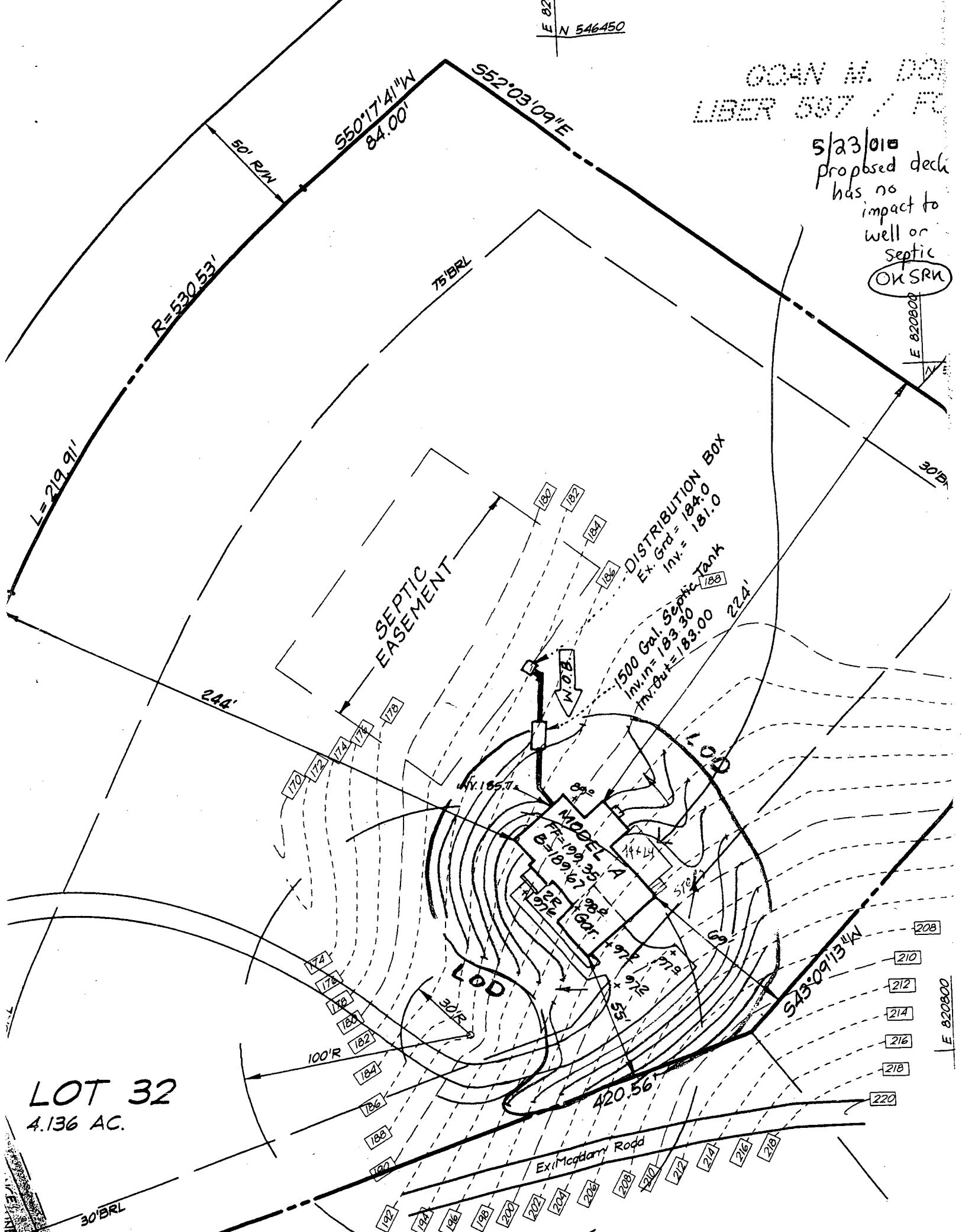
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **H0-88-1294**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

E 820
N 546450

GOAN M. DOB
LIBER 587 / FC

5/23/01
proposed decl
has no
impact to
well or
septic
OK SRU

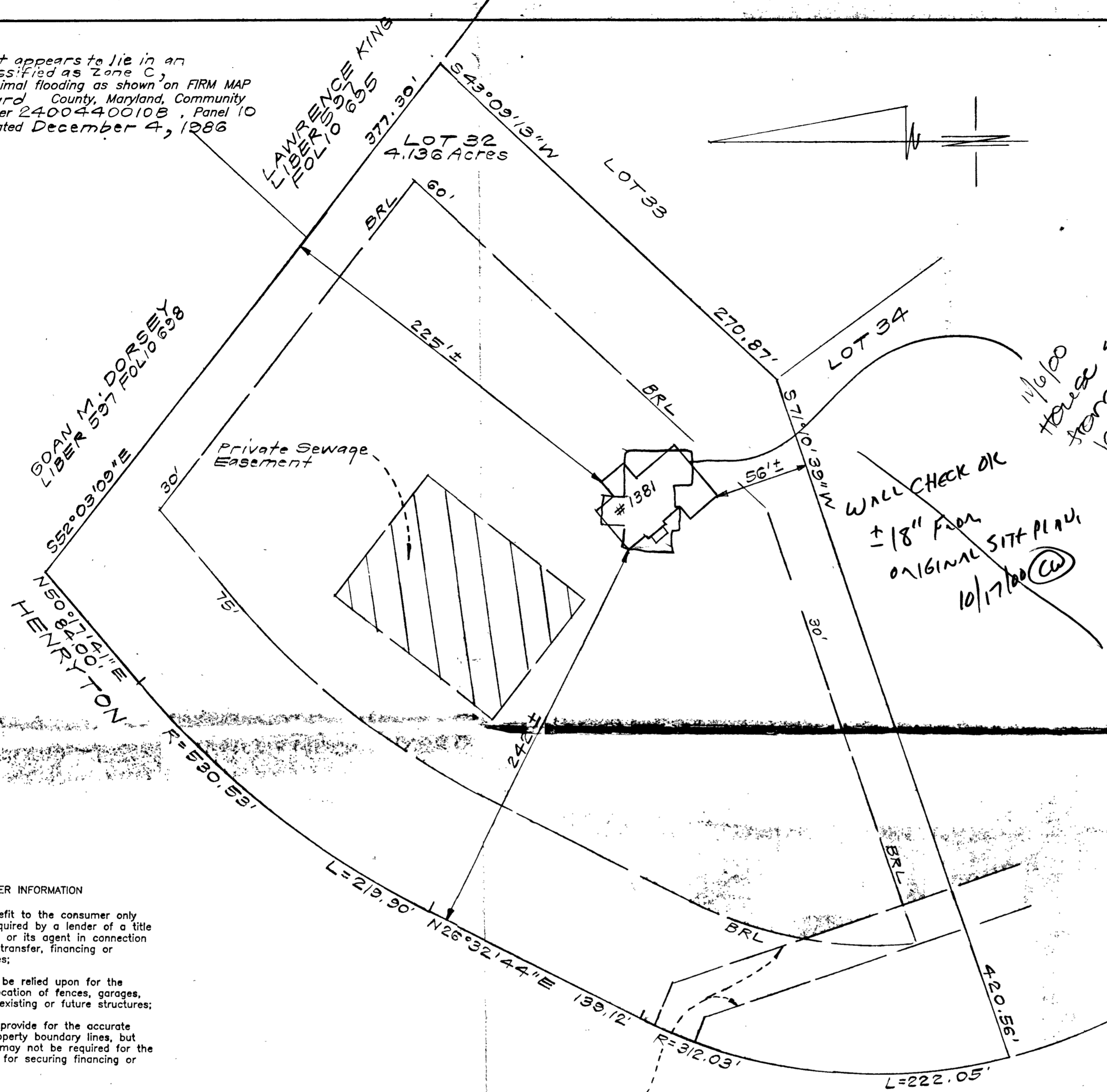


LOT 32
4.136 AC.

E 820800

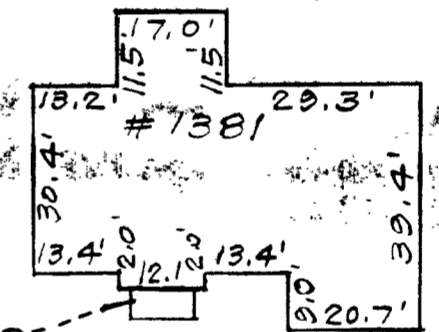
NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440010B, Panel 10 of 45, dated December 4, 1986

Wall Check: 8-29-00
Top of Wall Check: 198.5



11/6/00 House shifted from original layout (CW)

WALL CHECK OK
± 18" FROM ORIGINAL SITE PLAN
10/17/00 (CW)



Conc. Stoop

SCALE: 1"=30'

CONSUMER INFORMATION

- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

24' Private Easement For Ingress, Egress & Maintenance To Be Privately Owned & Maintained

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.



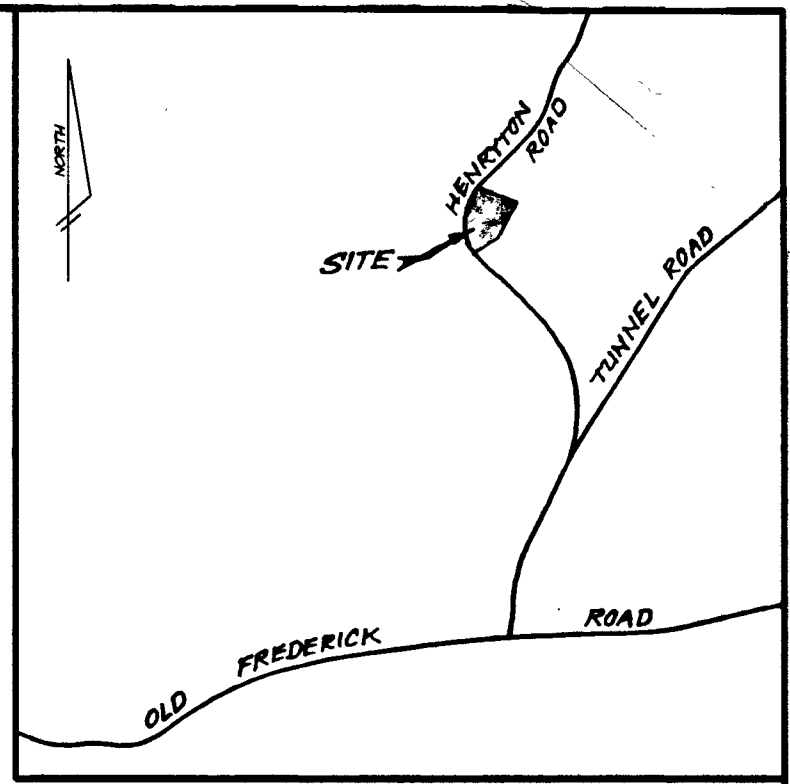
Plat Reference: PLAT No. 9150

		CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.	
DESIGNED	LOCATION DRAWING 1381 HENRYTON ROAD LOT 32 MEADOWOOD SECTION TWO AREA 1A LOTS 32-34 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE	1"=50'
DRAWN		DRAWING	
CHECKED		JOB NO.	
DATE		FILE NO.	
8-30-00		00-0750	

NOTE: 1. The setback distance accuracy = 1'

LEGEND

CONTOUR INTERVAL	2 FT.
EXISTING CONTOUR	348
PROPOSED CONTOUR	348
DIRECTION OF DRAINAGE	→
WALK OUT BASEMENT	W.O.B.
SPOT ELEVATION	+ 78.4
LIMIT OF DISTURBED AREA	L.O.D.

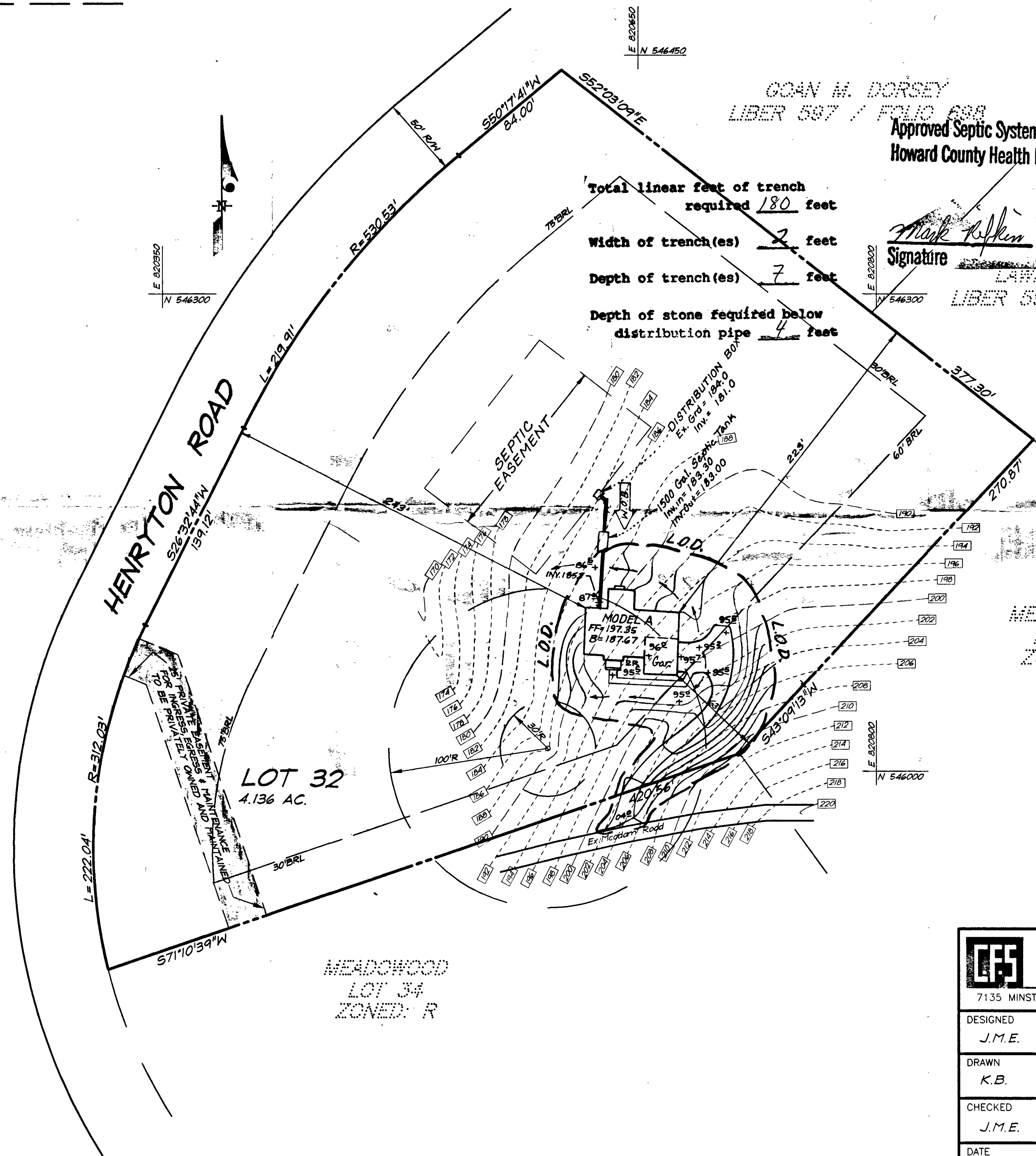


VICINITY MAP
SCALE: 1"=2000'

GOAN W. DORSEY
LIBER 587 / FOLIO 688
Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 180 feet
Width of trench(es) 2 feet
Depth of trench(es) 7 feet
Depth of stone required below distribution pipe 4 feet

Signature Mark Rifkin Date 6/12/00
LAWRENCE KING
LIBER 587 / FOLIO 685



MEADOWOOD
LOT 33
ZONED: R

GENERAL NOTES

1. TOPOGRAPHY WAS FROM FIELD RUN BY CLARK, FINEFROCK & SACKETT INC. ON 5-24-00
2. PLAT BOOK 9150 RECORDED ON 2-9-90
3. DISTURBED AREA: 15837 S.F.
4. LENGTH OF TRENCH TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPT. AT TIME OF PERMIT ISSUANCE.

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED J.M.E.	SITE DEVELOPMENT PLAN LOT 32 MEADOWOOD TAX MAP 10 PARCEL 139 (3rd) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN K.B.		DRAWING 1 OF 1
CHECKED J.M.E.		JOB NO. 00-075
DATE 6-1-00	FOR: Dennis Matthey 13713 Lakeside Drive Clarksville, Maryland 21029	FILE NO. 00-075

APPLICATION

PERCOLATION TESTING

A 38113
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

*1/27/87
perc on d pending
approved plat*

DISTRICT _____
DATE 11/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood Sec. 2 LOT NO. 32 10/20/87
Prelimin.

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike Seely
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING holding for field located holes

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 38113

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 7

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3⁺ Acres TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

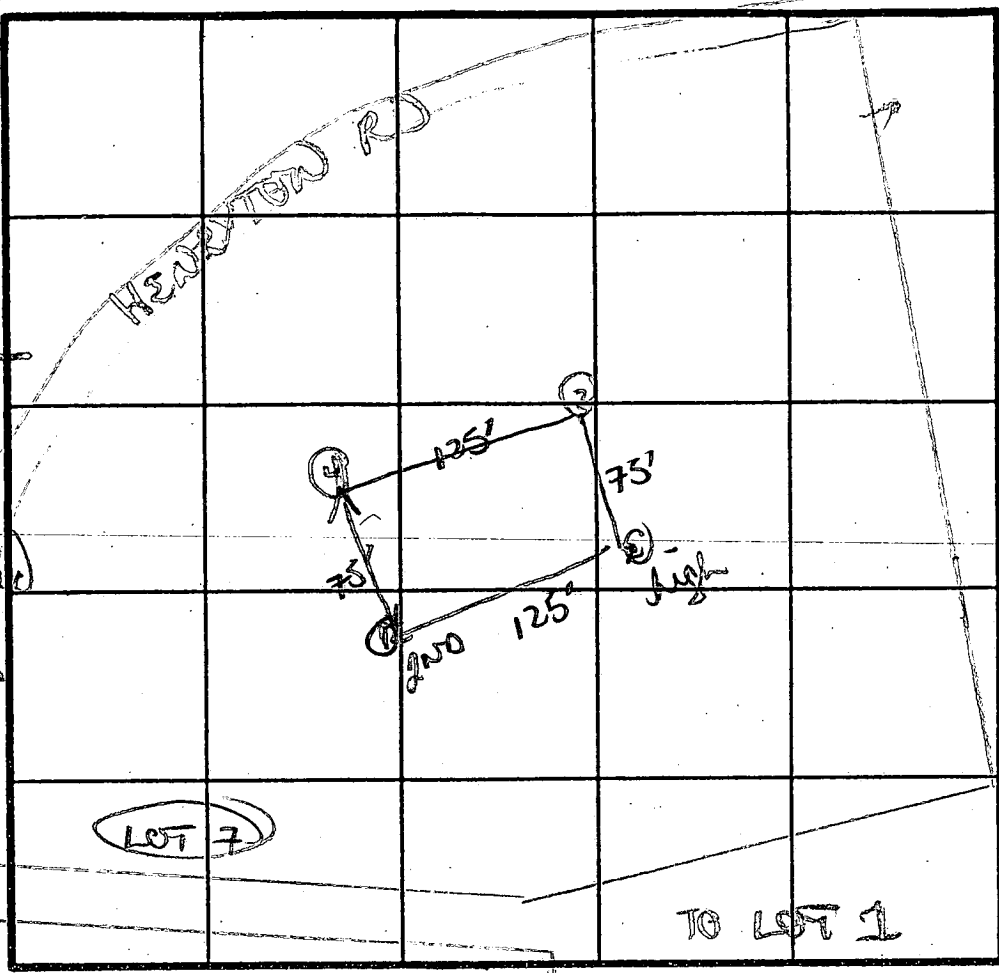
168' Ø / BDRM
 INLET 3'
 MAX 8'
 X = 2+MIN

SOIL PROFILE
 (1) + (2)

light to
 powdery
 silty loam
 mica
 ↓
 few scattered
 small
 mica frags
 ↓

11 1/2" D

(3)



(4)
 orange
 brown clay
 silty loam
 4 1/2"
 quickly to
 light white
 for silty
 mica loam
 ↓
 11 1/2" D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

brown orange
 silty/mica
 clay loam
 3 1/2"
 to brown
 silty mica
 to to silty
 mica w/ 10"
 mica frags
 ↓
 11" D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/7/86	(1)	VISUAL ONLY 11 1/2" D bottom (see profile)					
	(2)	2 1/2' S	159	201	201	204	3 MIN
		7' M	201	202	202	204	2 MIN
		11 1/2" D bottom (see profile)					
	(3)	3 1/2' S	205	207	207	209	2 MIN
		11" D bottom (see profile)					
	(4)	4 1/2' S	210	211	211	213	2 MIN
		11 1/2" D bottom (see profile)					

tested + dug as staked

REMARKS

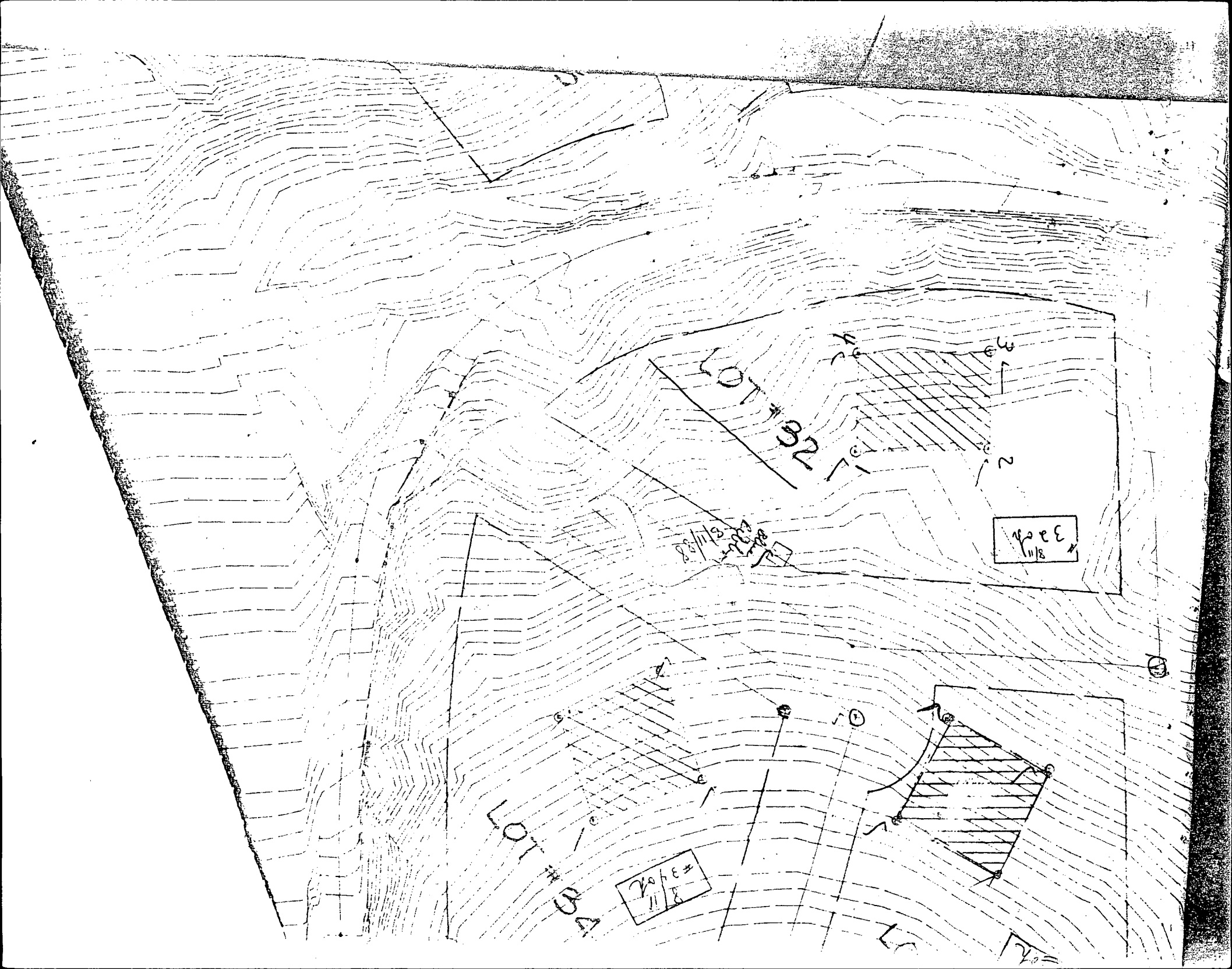
to silty mica loam / 1 hole w/ measured

TYPE OF SOIL

TESTED BY Baklan

ALSO PRESENT Rocky Ed

EH-12-1079



ANG	CHORD	TANGENT
3" E	218.33	111.55
7" E	360.57	220.89
13" E	337.58	169.34

C.2

LOT 37

LOT 36

LOT 35

HENRY-TON ROAD

SHEET 8 of 8

LOT 32
4.136 Acres

LOT 33
3.814 Acres

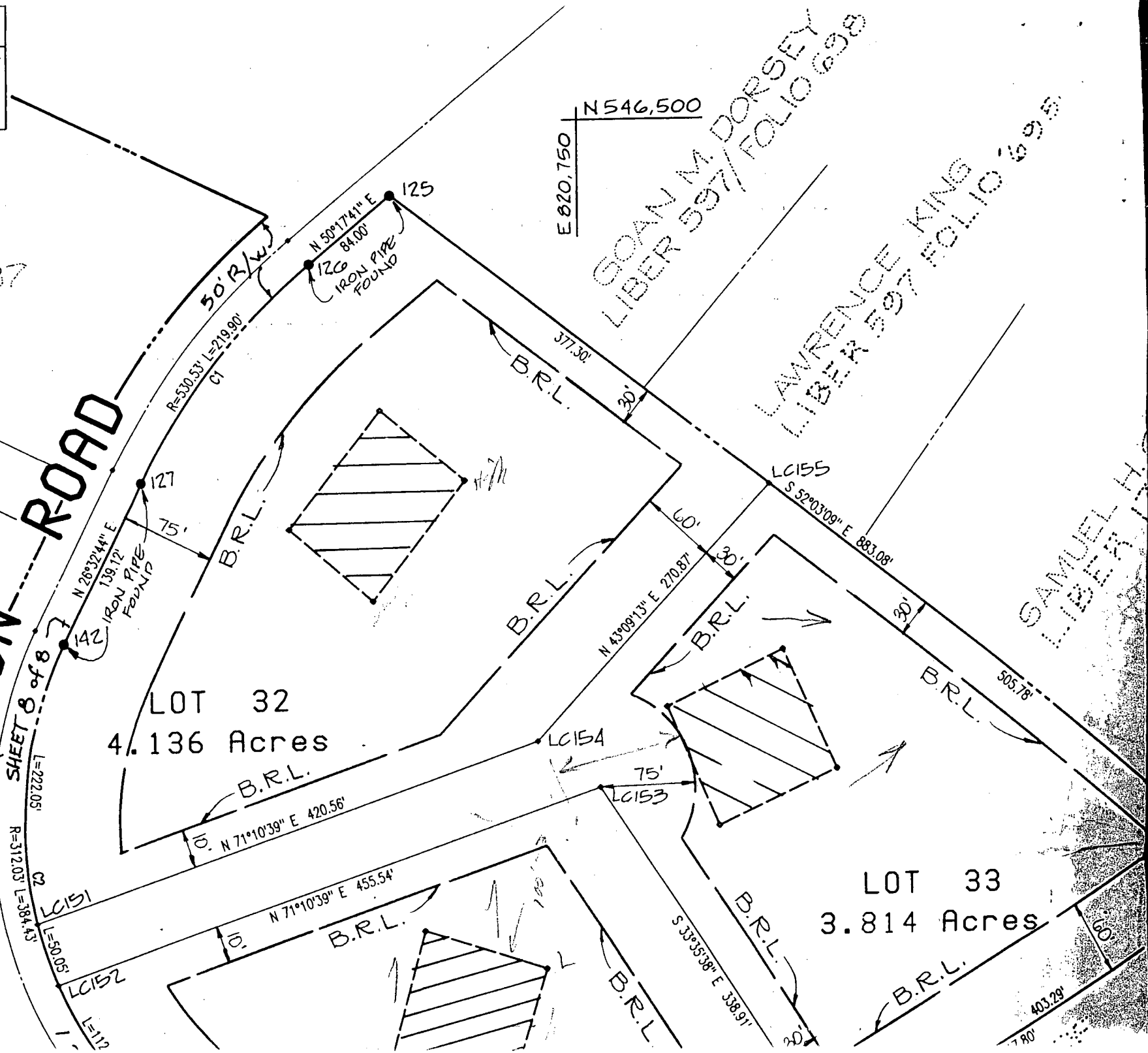
GOAN M. DORSEY
LIBER 597/FOLIO 698

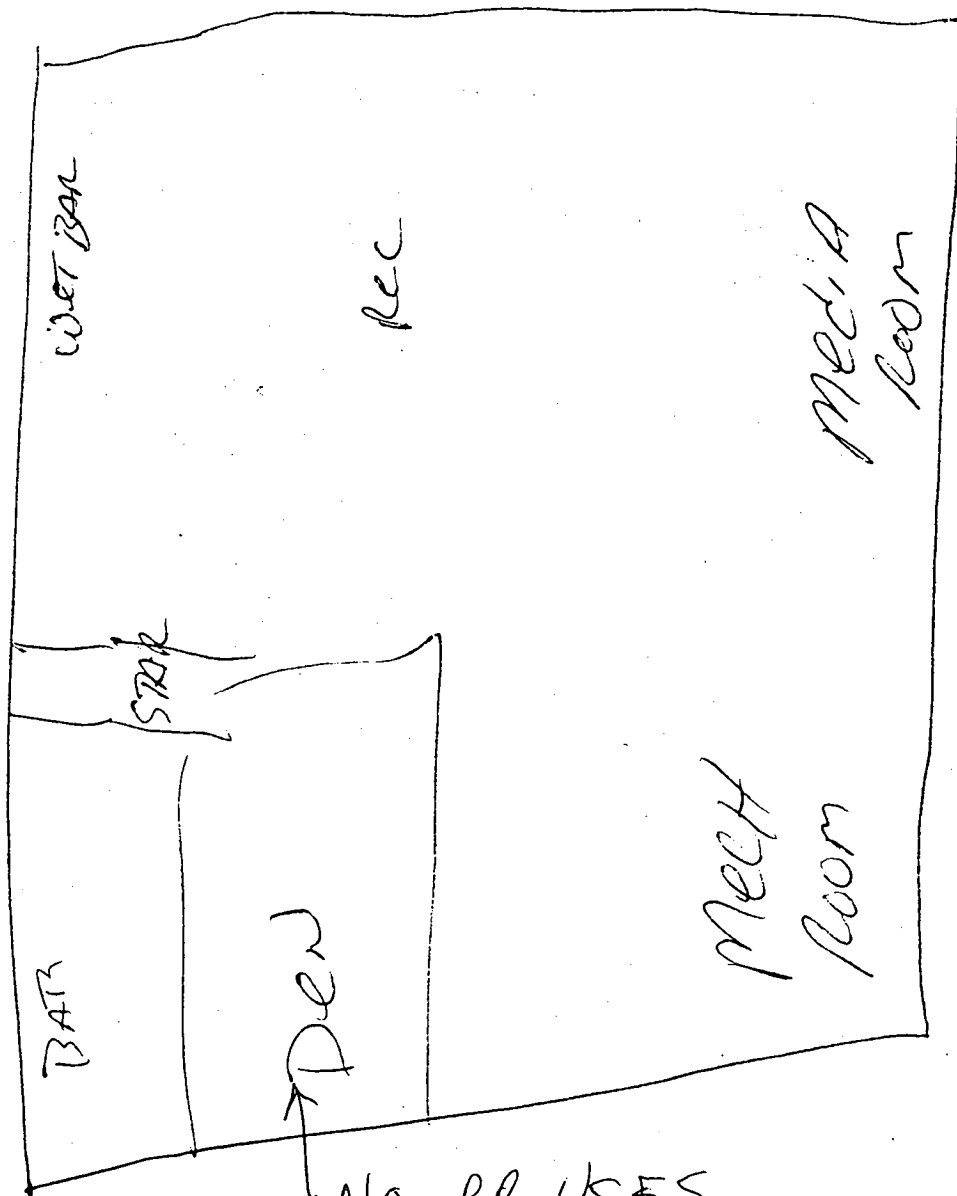
LAWRENCE KING
LIBER 597/FOLIO 698

SAMUEL H.
LIBER 597/FOLIO 698

20,250

N 546,500
E 820,750





NO BR USES
AT DEN DUE
TO ABSENCE OF WINDOWS
OK FOR BSMT ALTERATION
MR 3/26/03

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

300140854

Building Address 1381 HENRYTON ROAD
MARZETTOWN, MD 21104

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision MARZETTOWN

Section 2 Area A1 Lot 32

Tax Map 13 Parcel 312 Grid 7

Zoning R2-200 Map Coordinates 5610 Lot size _____

Existing Use SFD

Proposed Use SFD w/ finished basement

Estimated Construction Cost \$ 1,500

Description of Work CREATING FULL BATHROOM,
FULL BATH, WET BAR, ETC. 1500 SQ FT

Occupant or Tenant SALES AS ABOVE

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name THOMAS BERRY

Address 1381 HENRYTON RD

City MARZETTOWN State MD Zip Code 21104

Home Phone 4104551574 Work Phone 4103276040

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company SAVE AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Craw space Slab on Grade
 No. of Bedrooms _____
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NEPA #13D
 NEPA #13R
 Other

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature THOMAS BERRY
OWNER

Print Name THOMAS BERRY
 Date 3/19/03

Title/Company HR 3/26/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **